

E. 4434 (1) TAUNTON



Borough of Taunton

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO THE

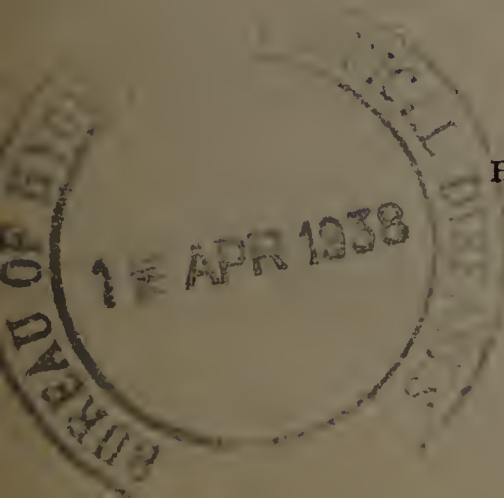
EDUCATION COMMITTEE

For the Year ending 31st December, 1937

TAUNTON :

H. G. MOUNTER AND CO., LTD.

1938







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Report of the School Medical Officer.

PUBLIC HEALTH AND SCHOOL MEDICAL DEPT.,
ST. PAUL'S HOUSE,
PARK STREET,
TAUNTON.

9th March, 1938.

*To the Chairman and Members of the
Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Report on the work of the School Medical Department for the year 1937.

The provision of a part-time assistant who commenced duty in September will enable more adequate arrangements to be made for Medical Inspection and following-up.

The number of parents who attended at the Medical Inspection of their children continues to be excellent; this year almost 83 per cent. of the children examined were accompanied by a parent. In accordance with the requirements of the Board of Education, a special report on the adequacy of the School Dental Scheme was made and while the work done reflects great credit on the School Dental Officer it is obvious that there is now work for a whole-time officer.

The scheme for the provision of milk in school at a reduced cost continues, and is of great benefit to those who take it; 325,789 bottles containing one-third of a pint of pasteurised milk were used and of these 31,789 were given free to necessitous cases.

I have again to thank the Head Teachers, the Voluntary Associations and other unattached helpers and all those who are associated with Elementary Education in the Borough, for their ready help and co-operation.

I am,

Your obedient Servant,

JOHN ALLEN,

School Medical Officer.

Report of the School Dental Officer

FOR THE YEAR 1937.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report which is as follows:—

The dental work carried on at the Clinic during the last twelve months compares favourably with that of any previous year.

The number of children inspected was 1,109. In most cases their mouths were found to be in a very healthy condition, the more unsatisfactory ones being amongst the five and six year olds. I would like, at this point, to speak of the growing necessity for gas administrations for the extraction of certain teeth, and would ask you to give this your careful consideration. I regard this as of paramount importance and it is, of course, a practice generally observed throughout all School Clinics in this country.

The number of permanent fillings was	1,245
The number of temporary fillings was	549
Extractions	1,332

Attendances made at the Clinic continue to be satisfactory and totalled 3,081 as compared with 3,078 of last year, which was the highest figure ever obtained.

The total percentage of appointments kept throughout the year was between 79 and 80. A very high figure.

It is these satisfactory attendances that are responsible for the increase in time taken in getting round the schools, a complete round now occupying about 20 months.

I should be failing in my duty, were I not to report on the inadequacy of the time now allocated to this work.

Special cases treated throughout the year totalled 740, an increase of 87 on last year's total.

I have the honour to be

Your obedient Servant,

ARTHUR J. PERCY, L.D.S. Eng.,

School Dental Officer.

ANNUAL REPORT

OF THE

School Medical Officer

For the year ending 31st December, 1937.

Accommodation in the Public Elementary Schools.

The average number on the roll during the year ending 23rd December was 3,011.

The average attendance was 2,741, being a percentage attendance of 91.03.

Staff.

Dr. May Gower was appointed a part-time assistant and commenced duty on the 20th September. She undertakes the routine medical inspection and following up in the schools and also other duties under the Maternity and Child Welfare Committee.

She is also available for other duties such as attendance at the Minor Ailments Clinic when required. It will now be possible to visit all the schools each term and avoid any delay in medical inspection, and also to make more satisfactory arrangements for the following up of children with defects.

There have been no alterations in the remainder of the staff, of which particulars were given on pages 2 and 5 of my Report for 1932.

Co-ordination with Other Services.

The School Medical Officer is also Medical Officer of Health and Medical Officer for Maternity and Child Welfare, and these services join in the clerical staff. There is one Health Visitor who

devotes the whole of her time to duties under the Maternity and Child Welfare Committee. Her records and those from the Infant Welfare consultations are passed on to the School Medical Service, and a register of all infants with special defects is kept. Foster children are supervised by the Health Visitor until they are five years of age, when they are taken over by the School nurses. Infants with eye defects are also examined by the same Ophthalmic Surgeon, while others with minor ailments have received treatment at the Minor Ailments Clinic. Infants with defects needing orthopædic treatment are referred to the Orthopædic Clinic, and those suspected to have tuberculosis are referred to the Tuberculosis Officer of the Somerset County Council.

School Hygiene.

A survey of the condition of all the public elementary schools was made in April and a report presented. Certain of the older schools are much below modern requirements in many respects, including lack of light and air and modern sanitary accommodation. All are supplied with town's water.

Medical Inspection.

This is carried out on the premises in all the schools, but there are no proper rooms available in St. Andrew's Senior Mixed and Junior Mixed School. Suitable rooms for this purpose are now available in Priory Senior Mixed and Priory Junior Mixed Schools.

The routine age groups were examined. These consist of entrants, or children just entering school; intermediates, or children aged 8 - 9 years and leavers, or children who have attained the age of 12 years.

Children of all ages admitted from other areas, and for whom no records were available were also examined. Each school will now be visited each term and all children due for examination will be seen.

The number of visits made to schools for this purpose was 69 and 1,280 children were examined.

Parents attended for the examination of 1,061 children, or 82.8 per cent. of those examined. This percentage is very good and it would appear that opportunity for attending is welcomed by the parents.

Findings of Medical Inspection.

Of the total number of children examined 262 or 20.5 per cent. were found to need treatment for various defects. Of those in the two age groups where vision is tested and totalling 834, 27 or 3.2 per cent. were found to require treatment for defective vision.

Following up.

Children with defects should be re-examined at frequent intervals and the provision of an assistant will enable more satisfactory arrangements for this to be made. These will include notice to parents to attend at the school or clinic for this purpose. The Nurses also visit the homes where necessary, but the reorganisation of the schools and the removal of children from unfit houses in the centre of the town to houses on the periphery has greatly increased their work and it is difficult for them to spare the time needed for their duties as School Nurses. A considerable amount of following up is done at the School Clinic, and 3,822 re-examinations were made there.

Arrangements for Treatment.

A full description of these was given on pages 7 and 8 of my Report for 1934, and no alterations have been made. Six children received operative treatment for enlarged tonsils and adenoids at the Taunton and Somerset Hospital under the Scheme for this, while 26 others got this either through their own doctor or at the Taunton and Somerset Hospital.

The Minor Ailments Clinic continues to serve a very useful purpose, and attendances there for all purposes numbered 10,004.

The Ophthalmic Surgeon, Dr. G. P. Hawker, paid ten visits of two sessions each and examined 224 children. Of these 10 were referred for a second examination; 86 per cent. of the children for whom spectacles had been prescribed, had obtained them at the end of the year.

The Artificial Sunlight Clinic.

This was open for three sessions each week during the months of January, February, March, April, May, October, November and December. Total attendances for treatment numbered 2,102 of which 539 were of school children. All children attending are medically examined at intervals of 28 days. Six school children were under treatment at the beginning of the year, 16 others were advised to attend and 14 of these attended. Eight were still under treatment at the end of the year.

Details of the school children treated are:—

Disease or Defect.	No. of cases.		Average No. of exposures per case.	Results.
	Referred for treat- ment.	Attended for treat- ment.		
General Debility ...	10	9	37	Much improved 4 Improved ... 4 No improvement 1
Rickets	2	1	43	Disease arrested.
Asthma	2	2	58	Cessation of . symptoms ... 1 Lessening of symptoms ... 1
Chilblains	1	1	22	Healed.
Alopecia	1	1	12	Growth of hair on bald areas.

The School Dental Scheme.

A careful review has been made of the service provided, and I have reported that it is unsatisfactory in that it does not

- (a) Include all children. For those under 5 years of age are not examined or treated.
- (b) Provide for the annual re-examination of each child. It now takes the School Dental Officer twenty months to do a complete round of the schools.

(c) Too much time is therefore required for the treatment of those who come as specials on account of pain or other causes.

(d) There is no provision for a general anæsthetic such as gas.

The School Dental Officer now gives six sessions a week to the School Dental Service. Of those advised by him to have dental treatment about 82 per cent. accept it, which is good. The service is popular and it appears that there is work for a whole-time Dental Officer.

Infectious Diseases.

Cases of infectious disease notified in children who were between 3 and 15 years of age were:—

Scarlet Fever	...	...	...	33
Diphtheria	...	...	...	14
Measles	...	...	...	2
German Measles	...	...	...	1
Acute Poliomyelitis	...	...	...	1

I have not advised the closure of any school or class on this account as I do not consider that this has any effect on the spread of infectious disease. Certain departures have been made from the principle given in the Joint Memorandum of the Ministry of Health and Board of Education regarding the exclusion of contacts, for example, contacts of cases of Mumps and Chicken-pox are not excluded, while contacts of Measles and German Measles are only excluded from the Infants Schools. As regards Diphtheria, contacts are excluded and swabbed, and are permitted to return if found fit after medical examination at the end of a week. Contacts of Scarlet Fever are excluded for one week and are then permitted to return if found fit after medical examination.

Open-Air Education.

There is no Open-Air School, but classes are held in the playgrounds when the weather permits.

Physical Training.

After consideration of Circular 1445 of the Board of Education you decided in conjunction with other Local Education Authorities to participate in the Somerset County Education Committee's Scheme in which the part-time services of a man and woman organiser are available for supervising the physical education of children in the schools.

Provision of Meals.

No solid meals are provided, but a scheme is in operation whereby a bottle containing one-third of a pint of Pasteurised Milk can be obtained by any child attending school for one halfpenny, and I am informed that 294,005 bottles were sold during the year.

Arrangements for the supply of free milk to necessitous children were continued. Under these each child is provided with a bottle of milk in the morning and another in the afternoon. All children receiving this are examined and weighed at the end of each school term. Remarkable improvement and increase of weight was noted in many of the children and I am convinced that they do derive considerable benefit from the consumption of pasteurised milk. The number of bottles supplied free was 31,789 and these were for 121 children.

Samples of the milk supplied are examined at intervals of one month. This examination includes the test for the presence of phosphatase as a check on the efficiency of pasteurisation.

Co-operation of Parents, Teachers and Voluntary Bodies.

It would appear that the opportunity to attend the examination of their children in school is highly appreciated by the parents, for they were present at the examination of 1,061 children, or almost 83 per cent. of those examined. Most of the children attending the minor ailments clinic are accompanied by a parent at the first attendance.

The help of the Head Teachers is invaluable, and their assistance is called for in many ways, such as sending notices to the parents giving the date and time of medical inspection; the completion of returns at the end of each month shewing the children who have been admitted or have left their school; in referring children suspected to be in need of treatment to the clinic and in the scheme for the provision of milk.

The two School Nurses are also the Attendance Officers so that I am kept fully informed of all absences from school, and by this means obtain early information of infectious disease.

The following Voluntary Agencies have co-operated :—

THE TAUNTON AND DISTRICT TUBERCULOSIS CARE COMMITTEE by valuable assistance in the provision of extra nourishment and clothing to the pre-tubercular or tubercular child.

SOMERSET V.A.D. 106, under the direction of Miss Capper, who assist at the Orthopædic Clinic by the preparation of cases and materials and clerical assistance.

SOMERSET ASSOCIATION FOR MENTAL WELFARE. The Taunton Branch of this maintains an Occupation Centre for the training of lower grade defective children. The number of children from the Borough who were attending at the end of the year was 13. Of these, 6 were children who had been certified as feeble-minded.

Other voluntary helpers have attended the Artificial Sunlight Clinic and been of great help to the Sister in charge.

THE ROTARY CLUB. The Taunton Branch have provided holidays at their Convalescent Home at Weston-super-Mare for several boys who derived great benefit from their stay.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN have been of great help in some difficult cases, and their Officer, Inspector Jarvis, has proved a valuable ally. The assistance of the Society was called for in 21 cases as follows :—

General neglect	...	...	16	All improved.
Failure to provide spectacles			4	All obtained spectacles.
Special Inquiry	...	...	1	Rumour proved to be unfounded.

Blind, Deaf, Defective and Epileptic Children.

The Head Teachers and School Nurses report to me all children who are believed to come within any of the above categories and some are discovered at the routine inspection in the schools.

Information as to children of this kind is obtained from the Health Visitor. Arrangements are made for the examination of these either at the home or in the clinic. Seventeen children were

specially examined on account of mental retardation. Of these five were found to be dull, two were referred for re-examination after a suitable interval, five were backward, three were found to be feeble-minded and certified as such, one to be an imbecile and one to be an idiot. The imbecile and idiot children were certified as such and notified to the Mental Deficiency Committee of the Somerset County Council under Article 2 of the Mental Deficiency (Notification of Children) Regulations, 1928. At the end of the year six feeble-minded children were attending the Occupation Centre maintained by the Somerset Association for Mental Welfare. This is now held in Mary Street Sunday School and is open to correspond with the Public Elementary Schools.

Those feeble-minded children who are not attending any school are visited, until they are 16 years of age, at quarterly intervals by the School Nurses and reports made on their condition and progress. One feeble-minded girl who had been maintained at the Special Residential School at Sandhill Park attained the age of 16 years, and after a special inquiry and report, she was notified to the Mental Deficiency Acts Committee of the Somerset County Council under Article 4 of the Mental Deficiency (Notification of Children) Regulations, 1928. Three feeble-minded boys were sent to Special Residential Schools. An application to the Justices for an Attendance Order at a Special Residential School on behalf of a girl was refused by them.

Nursery Schools.

There are no nursery schools in the town, but it is probable that under provision to be made in the future there will be increased accommodation for children aged 3 - 5 years.

Parents' Payments.

No charge is made for attendance at the Minor Ailments Clinic, the Orthopædic Clinic, the Eye Clinic or Sunlight Clinic.

A charge of one shilling a year is made for Dental Treatment to those who are able to pay. A charge varying with the family circumstances is made for the provision of spectacles, orthopædic appliances, residential treatment in the Orthopædic Hospital at Bath, and operative treatment for tonsils and adenoids, but in necessitous cases this charge may be remitted entirely.

Adoption of Children Act, 1926.

The Education Committee have been made the guardians *ad litem* in four applications for adoption. These were referred to me for enquiry and report. These are necessarily of a confidential nature, and reports were made in all the cases for the Justices. An enquiry into an application on behalf of another Education Authority was also made.

Children and Young Persons Act, 1933.

Each young offender is given a detailed medical examination and the mental age ascertained.

Under this scheme seven youths aged 14 - 17 years and 15 boys aged 9 - 14 years were examined, and after consultation with the Head Teachers and Probation Officer reports were made to the Clerk of the Justices for the Children's Court. One youth who was found to be feeble-minded was sent to a Mental Deficiency Institution, while five of the boys were sent to Approved Schools.

Employment of Children.

All children employed out of school hours have to be physically fit for the proposed employment and to secure this each child is medically examined before a certificate is granted. Forty-two boys were examined by me for this purpose and of these five were found to be unfit and certificates were therefore refused.

It has been found necessary to give very close supervision to the conditions under which children employed in entertainments are lodged. The sums paid for their board and lodging are small and there is a tendency to allow insufficient sleeping accommodation, such as three or more children in one double bed, or two in one single bed.

In such cases more satisfactory arrangements have been required before the children were permitted to be employed.

TABLE I.—Medical Inspections of Children Attending Public Elementary Schools.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—							
Entrants	...	...	...	...	...	...	394
Second Age Group	...	...	...	...	...	...	426
Third Age Group	...	...	...	...	...	...	408
Total							1,228
Number of other Routine Inspections							52
Grand Total							1,280

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	1,051
Number of Re-Inspections	...	...	...	...	...	3,891
Total						4,942

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table II A.	Total.
(1)	(2)	(3)	(4)
Entrants	2	82	84
Second Age Group ...	15	78	92
Third Age Group ...	12	62	71
Total (Prescribed Groups)	29	222	247
Other Routine Inspections	5	11	15
Grand Total ...	34	233	262

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1937.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Number of Defects.		Number of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Skin	{	(1) Ringworm—Scalp	—	—	—	—		
		(2) „ Body	—	—	6	—		
		(3) Scabies	—	—	14	—		
		(4) Impetigo	4	—	92	—		
		(5) Other Diseases (Non-Tuberculous)	15	1	732	—		
Total (Heads 1 to 5) ...					19	1	844	—
Eye	{	(6) Blepharitis	3	—	1	—		
		(7) Conjunctivitis	1	—	4	—		
		(8) Keratitis	—	—	3	—		
		(9) Corneal Opacities	—	—	3	—		
		(10) Other Conditions (excluding Defective Vision and Squint)	—	3	27	—		
		Total (Heads 6 to 10) ...	4	3	38	—		
Ear	{	(11) Defective Vision (excluding Squint)	34	49	31	—		
		(12) Squint	4	14	5	—		
		(13) Defective Hearing	3	5	7	—		
Nose and Throat	{	(14) Otitis Media	7	—	26	—		
		(15) Other Ear Diseases	—	—	7	—		
		(16) Chronic Tonsillitis only	32	20	13	—		
(20) Enlarged Cervical Glands (Non-Tuberculous)...	{	(17) Adenoids only	2	3	1	—		
		(18) Chronic Tonsillitis and Adenoids	16	3	7	—		
		(19) Other Conditions	8	2	13	—		
		(21) Defective Speech	—	1	1	—		
Heart and Circulation.	{	Heart Disease—						
		(22) Organic	2	3	3	2		
		(23) Functional	5	1	—	—		
(24) Anæmia	{		15	1	3	—		

TABLE II.—Continued.

(1)						(2)	(3)	(4)	(5)
Lungs	{	(25) Bronchitis	...	...	...	5	1	7	—
		(26) Other Non-Tuberculous Diseases..				—	2	—	—
Tuber- culosis	{	Pulmonary—							
		(27) Definite	...	...	...	—	2	2	—
		(28) Suspected	...	...	...	6	1	13	—
		Non-Pulmonary—							
		(29) Glands	...	...	...	2	2	—	—
		(30) Bones and Joints	...	...	...	—	—	2	—
		(31) Skin	...	...	...	—	—	—	—
	{	(32) Other Forms	...	...	...	—	—	—	—
		Total (Heads 29 to 32)				2	2	2	—
Nervous System	{	(33) Epilepsy	...	...	...	1	—	3	2
		(34) Chorea	...	...	...	1	2	5	—
		(35) Other Conditions	...	...	...	9	8	24	2
Defor- mities	{	(36) Rickets	...	...	...	13	8	2	—
		(37) Spinal Curvature	...	...	...	23	8	1	—
		(38) Other Forms	...	...	...	8	8	8	—
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)						49	30	181	6
TOTAL						289	181	1,265	12

B. CLASSIFICATION OF THE NUTRITION OF CHILDREN
INSPECTED DURING THE YEAR IN THE
ROUTINE AGE GROUPS.

Age-groups.	Number of Children inspected.	A (Excellent).		B (Normal).		C (Slightly Subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	394	106	26.8	208	52.7	78	20.0	2	0.5
Second Age-group	426	108	25.2	221	51.9	95	22.4	2	0.5
Third Age-group	408	119	29.1	202	49.5	83	20.4	4	1.0
Other Routine Inspections	52	14	26.9	30	57.7	8	15.4	—	—
TOTAL	1,280	347	27.1	661	51.6	264	20.6	8	0.7

TABLE III,
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA
AT 31st DECEMBER, 1937.

No Child is entered under more than one heading.

BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class is included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

PARTIALLY SIGHTED CHILDREN.

This Section includes only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not included in this Table.

A+ Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	9	2*	—	13

* Private Schools.

TABLE III.—Continued.

DEAF CHILDREN.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is “too deaf to be taught in a class of hearing children in an elementary school.” This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class is included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

PARTIALLY DEAF CHILDREN.

This Section includes children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	12	—	—	12

TABLE III.—Continued.

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table includes all such children except those who have been notified by the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
12(a)	—	8(b)	3(c)	23

(a) 7 of these are maintained by L.E.A. and 5 by S.C.C.

(b) 2 Private Schools, 6 Occupation Centre.

(c) 2 are over 5 and under 7 years of age.

1 is over 14 and under 16 years of age.

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children are included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—

TABLE III.—Continued.

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS
(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.*	At other Institutions.	At no School or Institution.	Total.
3	1	—	—	4

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS

(This category includes tuberculosis of all sites other than those shown in
I. above).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	4	—	2	7

B. DELICATE CHILDREN.

This Section is confined to children (except those included in other
groups) whose general health renders it desirable that they should be
specially selected for admission to an Open Air School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	175	—	1	176

TABLE III.—Continued.

C. CRIPPLED CHILDREN.

This Section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	9	—	4	14

D. CHILDREN WITH HEART DISEASE.

This Section is confined to children who are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	10	1	1	12

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following types of defect:—

Blindness (excluding partially sighted children).

Deafness (excluding partially deaf children).

Mental Defect (Feeble-minded).

Severe Epilepsy.

Active Tuberculosis.

Crippling (as defined in Section C above).

Heart Disease.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Nil.	Nil.	Nil.	Nil.	Nil.	Nil.

TABLE IV.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment, during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm-Scalp—			
(i) X-Ray Treatment	—	—	—
(ii) Other „	6	—	6
Ringworm Body	—	—	—
Scabies	13	—	13
Impetigo	93	—	93
Other skin disease	101	—	101
MINOR EYE DEFECTS—			
(External and other, but excluding cases falling in Group II.)	36	2	38
MINOR EAR DEFECTS	38	10	48
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)	745	48	793
Total	1,032	60	1,092

TABLE IV.—Continued.

GROUP II.—DEFECTIVE VISION AND SQUINT
(excluding Minor Eye Defects treated as Minor Ailments—Group I.)

	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION			
(including squint)	207	3	210
Other defect or disease of the eyes (excluding those recorded in Group I.)	13	—	13
Total	220	3	223
No. of Children for whom spectacles were (a) Prescribed	105	2	107
(b) Obtained	90	2	92

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	6	—	15	—	11	2	15	—	17	2	6	40

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other defects of the nose and throat.

TABLE IV.—Continued.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated
	Resi- dential treat- ment with educa- tion. (i)	Resi- dential treat- ment without educa- tion. (ii)	Non-resi- dential treat- ment at an ortho- pædic clinic. (iii)	Resi- dential treat- ment with educa- tion. (i)	Resi- dential treat- ment without educa- tion. (ii)	Non-resi- dential treat- ment at an ortho- pædic clinic. (iii)	
Number of children treated ...	1	—	62	—	—	—	63

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by Dentist:—
(a) Routine age groups

Age ...	5	6	7	8	9	10	11	12	13	14	Total
Number ...	91	115	122	131	128	137	92	142	161	5	1,124

(b) Special 740
(c) Total (Routine and Specials) 1,864

(2) Number found to require treatment 1,598
(3) Number actually treated 1,314
(4) Attendances made by children for treatment 3,081

(5) Half-days devoted to:—
Inspection 9
Treatment 255

Total 264

(7) Extractions:—
Permanent Teeth 243
Temporary Teeth 1,089

Total 1,332

(6) Fillings:—
Permanent Teeth 1,084
Temporary Teeth 161

Total 1,245

(8) Administration of general
anæsthetics for extractions Nil

(9) Other operations:—
Permanent Teeth 301
Temporary Teeth 248

Total 549

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	4.6
(ii) Total number of examinations of children in the Schools by the School Nurses	...	...	...	...	...	10,958
(iii) Number of individual children found unclean	...	...	...	...	...	71
(iv) Number of children cleansed under Sec. 87 (2) and (3) of the Education Act, 1921	...	...	...	...	...	Nil
(v) Number of cases in which legal proceedings were taken:—						
(a) Under the Education Act, 1921	...	...	...	...	...	Nil
(b) Under School Attendance Byelaws	...	...	...	...	...	Nil





